

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 5																																																													
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div style="border: 1px solid black; padding: 2px;">DAAE20-03-P-0470</div>			2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">2003JUL30</div>		4. REQUISITION/PURCH REQUEST NO. <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		5. PRIORITY <div style="border: 1px solid black; padding: 2px;">DOA5</div>																																																														
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CFA-B RITA HICKROD (309)782-4858 ROCK ISLAND IL 61299-7630 EMAIL: NELSONR@RIA.ARMY.MIL			CODE <div style="border: 1px solid black; padding: 2px;">W52H09</div>		7. ADMINISTERED BY (If other than 6) <div style="border: 1px solid black; padding: 2px;">DCMA LONG ISLAND 605 STEWART AVE GARDEN CITY NY 11530-4761</div>			CODE <div style="border: 1px solid black; padding: 2px;">S3309A</div>		8. DELIVERY FOB <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)</div>																																																													
9. CONTRACTOR <div style="border: 1px solid black; padding: 2px;">GSE DYNAMICS INC 25 CORPORATE DR HAUPPAUGE, NY. 11788-2021</div>			CODE <div style="border: 1px solid black; padding: 2px;">29183</div>		FACILITY <div style="border: 1px solid black; padding: 2px;"></div>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		11. X IF BUSINESS IS <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED</div>																																																														
NAME AND ADDRESS <div style="border: 1px solid black; padding: 2px;">TYPE BUSINESS: Other Small Business Performing in U.S.</div>			12. DISCOUNT TERMS <div style="border: 1px solid black; padding: 2px;">0.25% 20 Days</div>		13. MAIL INVOICES TO THE ADDRESS IN BLOCK <div style="border: 1px solid black; padding: 2px;">See Block 15</div>																																																																		
14. SHIP TO <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			CODE <div style="border: 1px solid black; padding: 2px;"></div>		15. PAYMENT WILL BE MADE BY <div style="border: 1px solid black; padding: 2px;">DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266</div>				CODE <div style="border: 1px solid black; padding: 2px;">HQ0337</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2																																																												
16. TYPE OF ORDER <div style="border: 1px solid black; padding: 2px;">DELIVERY/ CALL PURCHASE <input checked="" type="checkbox"/></div>												THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation <div style="border: 1px solid black; padding: 2px;">DAAE2003T0156</div> , Dated _____, furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.																																																											
NAME OF CONTRACTOR												SIGNATURE												TYPED NAME AND TITLE												DATE SIGNED (YYYYMMDD)																																			
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:																																																																							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>																																																																							
18. ITEM NO.												19. SCHEDULE OF SUPPLIES/SERVICE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders</div>												20. QUANTITY ORDERED/ ACCEPTED*								21. UNIT				22. UNIT PRICE								23. AMOUNT																											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.												24. UNITED STATES OF AMERICA MARY DONOVAN /SIGNED/ DONOVANM@RIA.ARMY.MIL (309) 782-4895 BY: _____ CONTRACTING/ORDERING OFFICER																								25. TOTAL <div style="border: 1px solid black; padding: 2px;">\$67,900.00</div>				26. DIFFERENCES <div style="border: 1px solid black; padding: 2px;"></div>																															
27a. QUANTITY IN COLUMN 20 HAS BEEN <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED</div>																																																																							
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE																								c. DATE (YYYYMMDD)								d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE																																							
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE																								28. SHIP. NO. <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>								29. D.O. VOUCHER NO.								30. INITIALS <div style="border: 1px solid black; padding: 2px;"></div>																															
f. TELEPHONE NUMBER												g. E-MAIL ADDRESS												31. PAYMENT <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>								32. PAID BY								33. AMOUNT VERIFIED CORRECT FOR																															
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.																								34. CHECK NUMBER								35. BILL OF LADING NO.																																							
a. DATE (YYYYMMDD)												b. SIGNATURE AND TITLE OF CERTIFYING OFFICER												37. RECEIVED AT								38. RECEIVED BY (Print)								39. DATE RECEIVED (YYYYMMDD)								40. TOTAL CONTAINERS								41. S/R ACCOUNT NUMBER								42. S/R VOUCHER NO.							

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-03-P-0470 MOD/AMD	Page 2 of 5
Name of Offeror or Contractor: GSE DYNAMICS INC		

SUPPLEMENTAL INFORMATION
EARLIER DELIVERY IS ACCEPTABLE AT NO COST TO THE GOVERNMENT.

*** END OF NARRATIVE A 001 ***
EVALUATED OPTION FOR INCREASED QUANTITY, 52.217-6, IS DELETED AND IS NOT APPLICABLE TO THIS PURCHASE ORDER.

*** END OF NARRATIVE A 002 ***

CONTINUATION SHEET		Reference No. of Document Being Continued			Page 3 of 5
		PIIN/SIIN DAAE20-03-P-0470	MOD/AMD		
Name of Offeror or Contractor: GSE DYNAMICS INC					
ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 1025-00-179-7142 FSCM: 19204 PART NR: 7998719 SECURITY CLASS: Unclassified				
0001AA	<u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/QV</u> NOUN: COVER ASSEMBLY,POWE PRON: M131F251M1 PRON AMD: 02 ACRN: AA AMS CD: 060011KFKW6 <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H092311A052 W25G1U J 1 <u>DEL REL CD QUANTITY DEL DATE</u> 001 25 10-FEB-2004 FOB POINT: Destination SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-03-P-0470/0000	25	EA	\$ 2,716.00000	\$ 67,900.00
0002	<u>DATA ITEM</u> SECURITY CLASS: Unclassified Contractor will prepare and deliver the technical data in accordance with the requirements, quantittites and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A. It is required that data items be delivered using electronic media. Refer to the DD Form 1423 for more specific electronic			\$ ** NSP **	\$ ** NSP **

Name of Offeror or Contractor: GSE DYNAMICS INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<div>delivery information.</div> <div>A DD250 IS NOT REQUIRED</div> <div>(End of narrative B001)</div> <div><u>Inspection and Acceptance</u> INSPECTION: OriginACCEPTANCE: Destination</div>				

CONTINUATION SHEET

Reference No. of Document Being Continued

Page 5 of 5

PIIN/SIIN DAAE20-03-P-0470**MOD/AMD**

Name of Offeror or Contractor: GSE DYNAMICS INC

CONTRACT ADMINISTRATION DATA

										JOB		
LINE	PRON/	OBLG				ORDER	ACCOUNTING	OBLIGATED				
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>		
0001AA	M131F251M1	AA	2	97	X4930AC9G	6D	26KB	S11116	W52H09	\$ 67,900.00		
060011KFKW6												
									TOTAL	\$ 67,900.00		

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC9G	6D	26KB S11116	W52H09	\$ 67,900.00
						TOTAL	\$ 67,900.00